

2007 Calls for Neuro-invasive Diseases (Encephalitis, Meningioencephalitis) Equine (modify as needed for other species)

Date: _____

Name of owner			
Address of owner			
City			
Zip			
Name of Horse			
Breed			
Sex	<input type="checkbox"/> Stallion	<input type="checkbox"/> Gelding	<input type="checkbox"/> Mare
Age	_____ years		
Address of Horse location			
City			
Parish**** where animal is!!!			
Zip			
vaccination status	<input type="checkbox"/> Previously vaccinated, When? _____ <input type="checkbox"/> Not up to date <input type="checkbox"/> never vaccinated <input type="checkbox"/> Completed the series?		
Did the animal live?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did you euthanize the animal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did the animal die? (i.e., not euthanized)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Blood taken?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sent to:
Comments:			
Veterinarian			
Phone			
Fax			
Email			

Any other pertinent data or comments:

Return by FAX or email to: Office of Animal Health Services
225-237-5555 or malc@ldaf.state.la.us

Remember to send this form in upon "Suspicion of disease". Continue to stress the Public Health Significance of these diseases.

We especially need the parish where the animal resides!